



TRAUMA, COMPASSION  
FATIGUE, EMPATHIC STRAIN

Managing professional  
and personal life

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Lunch and Learn, WVU  
August 26, 2019

## Dear West Virginia University Family:

As we head into our first weekend of the fall semester, I want to share my wish for you this academic year. It is really quite simple: I want you to be well and look out for your fellow Mountaineers.

Every day, I challenge you to dedicate some time to your well-being — and also to the well-being of others. Take a walk. Meditate. Go to the Rec Center. Volunteer. And above all, look up from your screen so you do not miss an opportunity to lend a hand or meet someone new.

We are truly fortunate to live, work and study on such a safe campus. But that does not mean that we can be complacent. As we have seen far too often, a crisis can happen anywhere, without warning. Each of us needs to prepare for the unexpected.

That is why the University has renewed its focus on safety with a new website — [safety.wvu.edu](https://safety.wvu.edu) — to serve as your resource for on-campus safety and wellness information. I encourage you to explore the training programs offered by the University, as well as the tips for taking care of yourself and steps for requesting assistance.

As more of us learn how to respond in emergency situations — and how to tend to our personal well-being — West Virginia University will grow even safer and more welcoming.

So this weekend, remember our mantra, “Work smart. Play smart.” Be safe. Have fun. And always take care of your fellow Mountaineers.

- President Gee, August 26, 2019

# Learning Objectives

- Describe obstacles to communication
- Describe the types of counter-transference
- Identify common counter-transference reactions in abuse work
- Discuss empathic engagement
- Define vicarious trauma, compassion fatigue, countertransference and distinguish from burnout
- Identify vicarious trauma impacts
- Describe the management of vicarious trauma, empathic strain, and counter-transference risk
- Develop a Self-care plan

# The Therapeutic Space is a Room with Many Doors

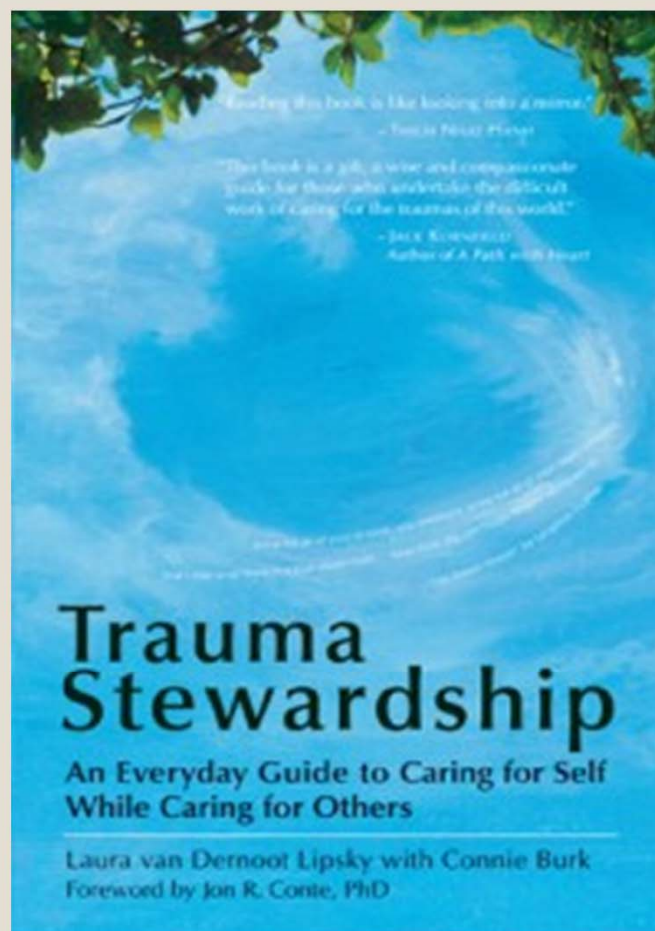
- Counter-transference
- Transference
- Empathic engagement
- Empathic strain (vicarious trauma)
- Burn Out
- Ethics

- Similar to the patient who is suffering, the caregiver's sense of self can be altered...effects include significant disruption in sense of meaning, connection, identity and worldview... tolerance, psychological needs, beliefs about self and others, interpersonal relationships and sensory memory including imagination.

~Pearlman L, Saakvitne K. Treating therapists with vicarious traumatization and secondary traumatic stress disorders. 1995. In: Figley CR, editor. Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder

- “In the same way that oil splatters on the painter’s shirt, or dirt gets under the gardener’s nails, trauma work has an impact.”

–Jon Conte quoted in Laura van Dernoot Lipsky’s Trauma Stewardship 2009



"Reading this book is like looking into a mirror."  
— Thich Nhat Hanh

"This book is a gift, a wise and compassionate guide for those who undertake the difficult work of caring for the traumas of this world."  
— Jack Kornfield  
Author of *A Path with Heart*

# Trauma Stewardship

An Everyday Guide to Caring for Self While Caring for Others

Laura van Dernoot Lipsky with Connie Burk  
Foreworded by Jon R. Conte, PhD

# Obstacles to Communication

- Isolation of one aspect of psychotherapy from all the rest
  - Frame
  - Empathy
- Talking about ourselves requires trust
- Topic associated with one aspect of practice, one theory
- Myth of the super worker
- Training programs move away from content- lack of legitimization
- Concern for errors, liability
- Wounded healers/vulnerable helpers

# Countertransference reaction

1. Is this bad?
2. Is it every reaction?
3. What is its source?
4. Is it only in my head?
5. Is it only a one-way process?

# Reactions

- Personal reactions to person of client in terms of values, interests, biases
- Personal reactions in terms of our feelings, needs, fears, anxieties
- Reactions to client transference
- Reactions to clinical material
- Reactions to reaction of client to therapist and therapy
- Reactions to person of client, clinical situation, client's life situation

# Three Positions

1. Counter-transference is a total phenomenon, all feelings and attitudes toward the client
2. Those unconscious reactions of therapist to the transference of the client
3. The therapist's complement or counterpart of the transference of the client

# Counter transference

Greenson (1992)

Counter transference is a phenomenon in the relationship between the patient and the therapist in which the therapist's reaction to the patient parallels the patient's transference reactions to the therapist, it is the counterpart to the patient's transference reaction. To be more specific, counter-transference is an inappropriate reaction of the therapist to the patient. The inappropriateness stems from the fact that something in the patient has remobilized some unconscious neurotic conflict in the psychoanalyst or therapist.

The following criteria must be fulfilled in order for a worker's reaction to qualify as counter transference:

1. The reaction must be to something in the patient; and
2. It must be based on some unconscious conflict in the worker

One recognizes...when one becomes aware of the inappropriateness of one's emotional responses or one finds oneself feeling intense emotions or feeling bored and inattentive.

# Identifying Counter transference

(adapted from Greenson, 74)

Requires multiple steps/questions:

- First, experience reaction in ourselves
- Second, ask: what stimulus (trigger) in client set this off?
- Third, ask: is the response appropriate to the stimulus?

# Ask of oneself:

- What am I now aware of in terms of feelings, impulses, and thoughts regarding the patient?
- Is what I am thinking and feeling in keeping with the patient's material or behavior?
- Is my intended intervention appropriate to the patient's need or more for my own needs?
- Am I behaving, feeling, thinking, experiencing differently with this client? What is different?

# Signs of Counter transference

(Modified Langs, 94)

- Inappropriate quantity and quality of affects, impulses
  - anger, sexual feelings, boredom, sleepiness, restlessness, laughter, dreams, slips of tongue, errors of judgment, mistakes over frame.
- Reactions to client transference
  - avoidance, enjoyment-encouragement
- Dreams and fantasies
- Process, content, frame of helping which is aberrant
- Repetitive errors in intervention or failing to intervene

- Recurrent difficulties in understanding (listening)
- Preoccupation within, after, in-between sessions
- Any alteration in frame
  - time, duration, frequency, nature sessions
- Single focus
- Avoidance of topic
- A need to restate, repeat, or defend one's interventions

# Common Countertransference Reactions in Psychotherapy

Modified from Cohen (1988)

- Unreasonable dislike for the client
- Inability to identify with the client, who seems unreal or mechanical. When client reports feeling upset, therapist feels nothing
- Becoming overemotional
- Liking client excessively, feeling client is best client
- Dreading the therapy hour or being uncomfortable during
- Preoccupation with client, between sessions or finding self planning questions or interventions

- Difficulty paying attention, listening, etc.
- Being habitually late, running over, etc.
- Getting into arguments with client
- Becoming defensive or feeling vulnerable in response to client
- Interventions consistently fail, not due to client resistance
- Trying to elicit specific affect from client
- Over concern about confidentiality or other aspects of frame
- Feeling impelled to act or take action
- Dreams

## Common Countertransference Reactions with Children

- Rescue fantasies
- Fascination with or avoidance of the “horror”
- Strong overpowering feelings
- Joining with others outside of therapy
- Need to become a real person
- Ignoring deviant behavior
- Encouraging acting out

# Empathy

- core condition of helping
- capacity varies naturally
- often talked about, not always understood

# Empathy

- mode of perceiving by vicariously experiencing the state of another
- feeling into another person
- not sympathy
- first a nonverbal process, then verbalized
- taking inward
- always degrees of "as if"

# Therapeutic empathy

- relationship based
- openness
- responsiveness
- neutrality
- observing & listening
- free floating attention
- sensitivity
- contagion of attitudes and feelings
  - projection
  - projective identification
  - regression in therapist

# Empathy

- Is it necessary to have a similar experience?
- Feeling, sensing, experiencing then observing self doing that

# Skills of empathy

- capacity varies
- experience of being empathized with
- flexible ego boundaries
- ability distinguish self and others
- emotional stability

# Traumatic Transference

In the transference, the patient misunderstands the present in terms of the past and instead of remembering the past, s/he strives, without recognizing the nature of his actions, to relive the past and to live it more satisfactorily than he did in the past. He transfers the past attitude to the present. Fenichel

# Traumatic Counter Transference

- Sustained empathic inquiry
- Traumatic transference
  - Affective state
  - Behavioral tendencies
  - Symbolic role relationships
- Trauma therapy
  - Trauma specific transferences
  - Hearing, observing, retelling
  - Empathic Engagement

# Types of Empathic Strain (Countertransference reactions) Wilson and Lindy (1994)

- Empathic Withdrawal
- Empathic Repression
- Empathic Enmeshment
- Empathic Disequilibrium

# Burn out

- To wear out, to fail or become exhausted by excessive demands on energy, resources, and strengths.

# Research

- Poor health, fatigue, sleep problems, somatic complaints
- Emotional symptoms, e.g. anxiety, guilt, depression, irritability
- Behavior problems, e.g. substance abuse, over eating, work related behaviors such as tardiness, poor performance
- Interpersonal problems, negative impact on family life
- Negative attitudes

# Factors associated with Burn Out

- role conflicts
- role ambiguity
- lack contingent rewards
- non-contingent punishment

# More factors

- emotional climate of work place
- worker-supervisor problems
- nature of work relationships
- lack training
- institutional disregard for needs of workers

# Vicarious Trauma

- Result and process of empathic engagement
- Cumulative impact of traumatic counter transferences
- Profound disruptions of schema, emotions, and other psychological processes
- Distinct from burn out

# Vicarious Trauma

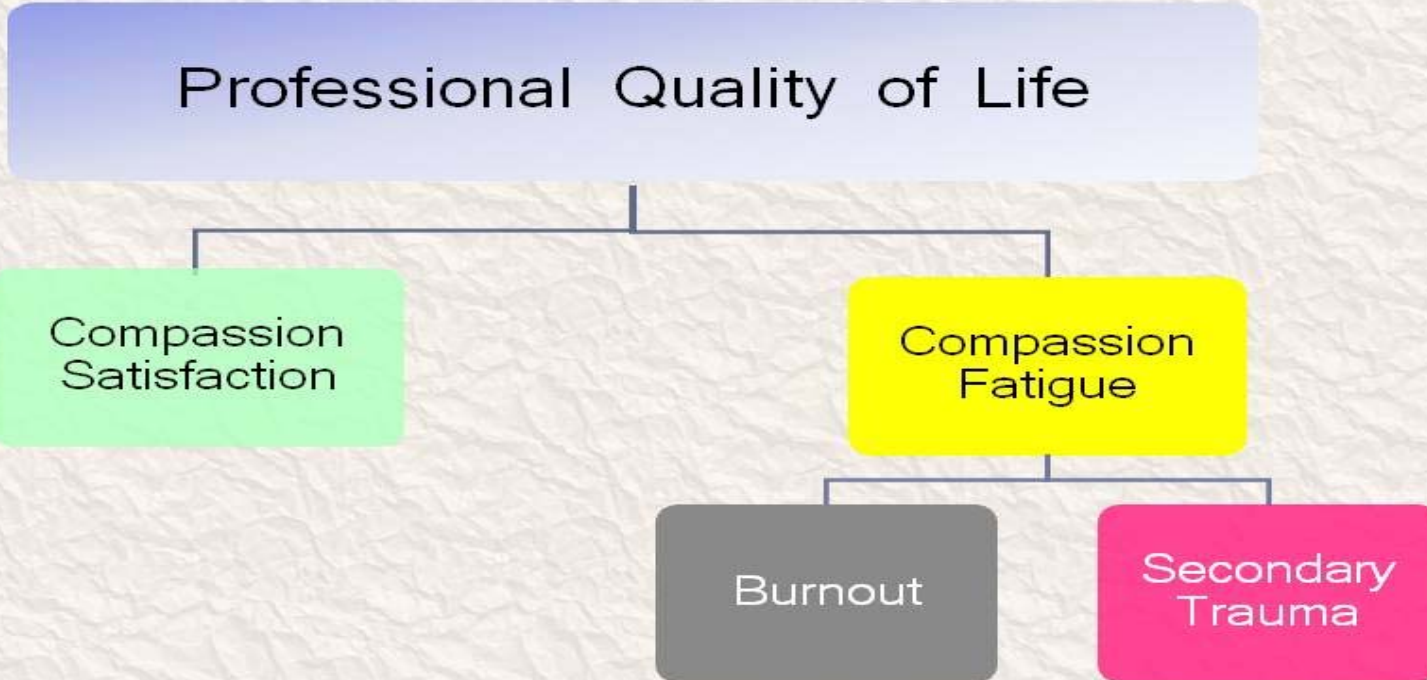
- When the trauma experienced by the victim/survivor begins to affect the helper in such a way as to create distress

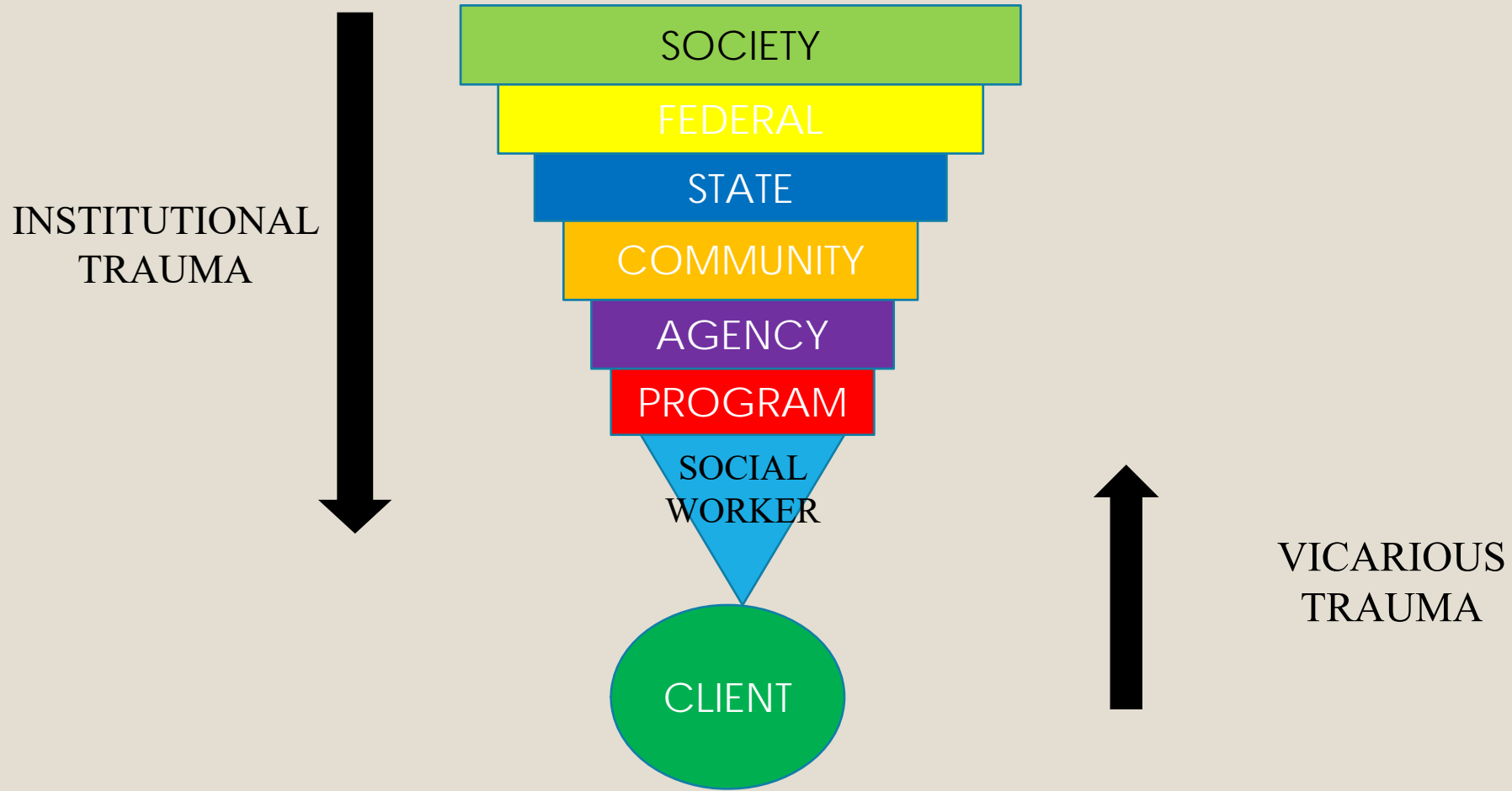
Symptoms: hyperarousal (heightened reactivity), intrusive thoughts, recurring dreams, avoidance, emotional "numbing", anxiety, depression

# Compassion Fatigue

- **Compassion Stress** - a natural outcome of knowing about trauma experienced by a client, friend, or family member
- **Compassion Fatigue** - "a state of exhaustion and dysfunction biologically, psychologically, and emotionally, as a result of prolonged exposure to compassion stress" (Charles Figley, 1995)

◦ ProQOL





- Peter Navratil, LCSW-R , Kara Juszcak, LCSW  
NYS- NASW Conference, March 20, 2015

# Institutional Trauma

The effects on a practitioner from **overwhelming** demands and expectations of *supervisors, organizations, external regulatory systems, funders, and other external systems of care* that are **inflexible, inadequate, and/or non-responsive** to the needs of clients being served

- (Newell & MacNiell, 2010)

# Burnout vs Vicarious Trauma

- Burnout is a response to prolonged exposure to psychologically and emotionally stressful interpersonal situations...characterized by difficulty with empathy (emotional exhaustion), depersonalization, and reduced job satisfaction (reduced personal accomplishment) Maslach, Schaufeli, & Leiter, 2001
- With VT, we may still experience empathy, may still love our work, and try to push through...at great personal cost

## Burnout vs. Secondary Trauma (or VT)

- Both conditions have similar roots. Both conditions involve the cumulative effects of stress. Both conditions elicit similar responses from affected employees.
- While trauma deals with exposure to clients' trauma and our own trauma, burnout adds the daily stressors of functioning in the overall workplace.

# Vicarious Trauma/Empathic Strain/Compassion Fatigue Checklist

- Recurrent and intrusive distressing recollections
- Dreams
- Visions, fantasies, images
- intense psychological distress when thinking or hearing about trauma
- Physiological response about or when hearing trauma material
- Efforts to avoid reminders
- Symptoms of increased arousal
- Somatic complaints

- General numbness or unresponsiveness including any of the following:
  - Difficulty with sleep
  - Irritability or outbursts of anger
  - Difficulty concentrating
  - Hypervigilance
  - Exaggerated startle response
  - Generalized anxiety or tension
  - Fatigue
  
- Agitation
  
- Inattention, drowsiness

- Anxiety or fear
- Detachment, denial, or avoidance
- Numbing
- Horror, disgust, dread, or loathing
- Confusion, feeling overwhelmed or overloaded
- Guilt, shame, embarrassment
- Detachment
- Over identification
- Forgetting, lapses of attention

## Limited research

- measures poor
- some studies link to lack of training, supervision, time on job
- no data on link to personal history

# Fostering Resilience

- Social engagement with peers, family, professionals as fosters resilience across populations. The most important determinant of well-being is the number and quality of positive relationships
- The ability to use personal resources (personal mastery) is protective...strengthening inner resources is essential to build resilience.
- Ozbay, Johnson, Dimoulas, Morgan, Charney, and Southwick. Social Support and Resilience to Stress: From Neurobiology to Clinical Practice Psychiatry. 2007 May; 4(5): 35-40

# Self Care Plan

1. Awareness, discharge, balance
2. Supervision
3. Limit exposure
4. Set limits
5. Self knowledge/awareness
6. Identify hot spots
7. Be aware of current capacity for empathy
8. Seek out empathic connections with others
9. Purge data files

## Small group exercise

- What common reactions do you find to your work?
- What aspects of the work do you find the most difficult and why?
- What feelings, attitudes, reactions or other processes within yourself do you find the most difficult to manage?

# Common obstacles to empathy

- With what kind of clients or client problems do you find it difficult to be empathic?
- What aspects of your work or personal life most interfere with being empathic?
- How can you tell when you are having difficulty being empathic?

Mentoring and supervision can enhance resilience  
Internal 'supervision' exercise (Rothschild, 2006):

- What is the most disabling feedback you've received from others?
- What is the most empowering feedback you've received from others?
- Which types of messages do you tell yourself?

# Trauma-Informed Supervision Competencies:

- Knowledge of the signs, symptoms, and risk factors of STS and its impact on employees;
- • Knowledge of agency support options, referral process for employee assistance, or external support resources for supervisees who are experiencing symptoms of STS.
- • Knowledge and capacity to self-assess, monitor, and address the supervisor's personal STS.
- • Knowledge of how to encourage employees in sharing the emotional experience of doing trauma work in a safe and supportive manner.
- • Skills to assist the employee in emotional re-regulation after difficult encounters; capacity to assess the effectiveness of intervention, monitor progress and make appropriate referrals, if necessary.
- • Knowledge of basic Psychological First Aid (PFA) or other supportive approaches to assist staff after an emergency or crisis event.
- • Ability to both model—and coach supervisees in—using a trauma lens to guide case conceptualization and service delivery.
- • Knowledge of resiliency factors and ability to structure resilience-building into individual and group supervisory activities.
- • Ability to distinguish between expected changes in supervisee perspectives and cognitive distortions related to indirect trauma exposure.
- • Ability to use appropriate self-disclosure in supervisory sessions to enhance the supervisees ability to recognize, acknowledge, and respond to the impact of indirect trauma.

National Child Traumatic Stress Network: <https://www.nctsn.org/resources/using-secondary-traumatic-stress-core-competencies-trauma-informed-supervision>

# Acknowledgements

- Bulk of slides from Jon Conte, adapted with permission